

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	I						51				
2		I					52				
3		I					53				
4		I					54				
5		I					55				
6		I					56				
7		I					57				
8		I					58				
9		I					59				
10		I					60				
11	I						61				
12		I					62				
13		I					63				
14		I					64				
15		I					65				
16		I					66				
17		I					67				
18		I					68				
19		I					69				
20	I						70				
21		I					71				
22		I					72				
23		I					73				
24		I					74				
25		I					75				
26		I					76				
27		I					77				
28		I					78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	25						TOTAL DEP.				
TOTAL CLAIMS	28						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS